

CHILDREN-AT-RISK FOR ALTERNATIVE PLACEMENT: ANOTHER LOOK AT  
ADOLESCENT MALTREATMENT VS. CHILD ABUSE AND NEGLECT

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Recent studies indicate that there is a high incidence of maltreatment among adolescents. The National Center for Child Abuse and Neglect (1981), estimates that 652,000 children are victims of maltreatment annually. Of this total, 47% are between the ages of 12 and 18 (NCCAN, 1981). These data translate into an incidence rate of 25.7/1000 youths. Moreover, only 24% of these situations get reported to protective services, the smallest percentage of any age group. In addition, adolescents represented 25% of all officially reported victims of maltreatment for the years 1976-1979, 1981, and 1982 (Trainor, 1984). These figures suggest that adolescent maltreatment is an important problem. For the past ten years, researchers have been interested in whether or not the maltreatment of adolescents might be a specialized problem area within the overall field of child abuse and neglect. The findings have been somewhat inconsistent.

In a recent review of the literature, Doueck and his colleagues (Doeck, Ishisaka, Love Sweany, & Gilchrist, 1987) point out that there tends to be broad agreement among researchers that adolescent maltreatment involves different family dynamics when compared with the abuse or neglect of younger children. However, there is somewhat less agreement about the nature and magnitude of these differences.

For example, Berdie and her colleagues (Berdie, Berdie, Wexler, & Fisher, 1983) suggest that families that mistreat adolescents are similar to those that mistreat younger children "clinically and sociologically" (p. 130). The families have multiple problems and the maltreatment is essentially child abuse or neglect grown older. In these already troubled families, the convergence of adolescent and adult developmental processes may serve as a trigger for maltreatment. Similarly, Farber and Joseph (1985) report that over 80% of the cases in their study of physically abused adolescents experienced long histories of family violence.

In contrast, other studies generally identify two distinct patterns of maltreatment, one for adolescents and one for younger children (Daley & Piliavin, 1982; Garbarino & Carson, 1979; Garbarino & Gilliam, 1980; Garbarino & Associates, 1986; Lourie, 1977, 1979; Olsen & Holmes, 1986). These studies suggest that the majority of adolescent maltreatment situations are directly related to the

convergence of adolescent and adult midlife development and constitute adolescent onset (Garbarino & Carson, 1979; Garbarino & Gilliam, 1980; Garbarino & Associates, 1986; Libbey & Bybee, 1979; Lourie, 1977, 1979; Pelcovitz, Kaplan, Samit, Krieger, & Cornelius, 1984).

Somewhat midway between these extremes, Trainor (1984) found some support for the thesis that adolescent maltreatment had certain dissimilar dynamics when compared to the maltreatment of younger children, but stated that these differences were "perhaps not to the extent previously suggested" (p. 24).

A maltreated youth is more likely to come to the attention of a social service agency as a result of their acting out behaviors rather than for maltreatment and related family issues (Berdie, Berdie, Wexler, & Fisher, 1983; Fisher & Berdie, 1978). As a result, the services received by the adolescent are likely to focus on these problematic behaviors and not on the family dynamics of maltreatment (Berdie, Berdie, Wexler, & Fisher, 1983; Fisher & Berdie, 1978).

Maltreated youths incorrectly identified as runaways, delinquents, status offenders, or otherwise troubled youths are more likely to receive insufficient or inadequate services than if the maltreatment were assessed and an intervention developed accordingly. A major dilemma for the social worker is how can s/he accurately assess the maltreatment when it is not the problem presented. In addition, in what way does the maltreatment of adolescents differ from the maltreatment of younger children.

### Hypotheses

In an effort to examine these issues from a slightly different perspective, this study compared maltreated youths-at-risk for alternative placement and their families with younger children at similar risk and their families. Of all maltreated children, the ones-at-risk for alternative placement are perhaps from the most dysfunctional families. They are clearly the most visible and tend to need the most services. It was assumed that any differences which exist between adolescent maltreatment and the maltreatment of younger children would be more likely to show up in an examination of children and families from the extreme end of the maltreatment spectrum.

The major research hypotheses were stated as follows:

For children-at-risk for alternative placement;

1. The type of maltreatment experienced by adolescents differs from the type of maltreatment experienced by younger children.

2. The individual and family demographics differ when maltreated adolescents are compared to younger victims.

3. Adolescent victims are more likely to exhibit other psychosocial problems when compared with younger victims.

4. The families of maltreated adolescents exhibit different social, interactional, and structural problems when compared with the families of younger victims.

### Method

#### Sample

The study was a retrospective analysis of all family situations seen between September 1 1983, and August 31, 1984 by a private family service agency that provides home-based services for families on the verge of placing one or more members in alternative care. The sample consisted of 234 children among 182 families. Of that group, 137 children from 118 families were over the age of 12.

#### Procedure

All data were collected by agency therapists during the course of their regular interactions with their clients. Behavioral assessments of the children and parents were reported on checklists developed by the agency staff. The children's checklist consists of 14 items with broad descriptors of behavior response categories, such as "has adequate support system." The parent checklist consists of 13 items with similarly broad descriptors. Each item is rated on a 4-point scale, from 0 (almost never) to 3 (almost always).

A trained coder knowledgeable in both child abuse and neglect and the private agency's policies and procedures reviewed each record twice. The first review was to gather data recorded by the therapists on agency forms which required no assessment by the coder (eg. demographics, results of behavior checklists, a list of services provided). The second review was to assess the type of maltreatment and the presence or absence of other child/family problems.

The system used for coding case narratives was designed by the researcher during a three stage process. First, a systematic random sample of cases was selected for content analysis. A preliminary set of response categories and descriptors was developed as a result. Second, this coding scheme was modified based upon a review of the literature. Specifically, definitional criteria for the assessment of maltreatment were adapted from the nationwide surveys of maltreatment developed by the American Humane Association (Russell & Trainor, 1984) and from the policies and procedures guidelines used by protective services workers in

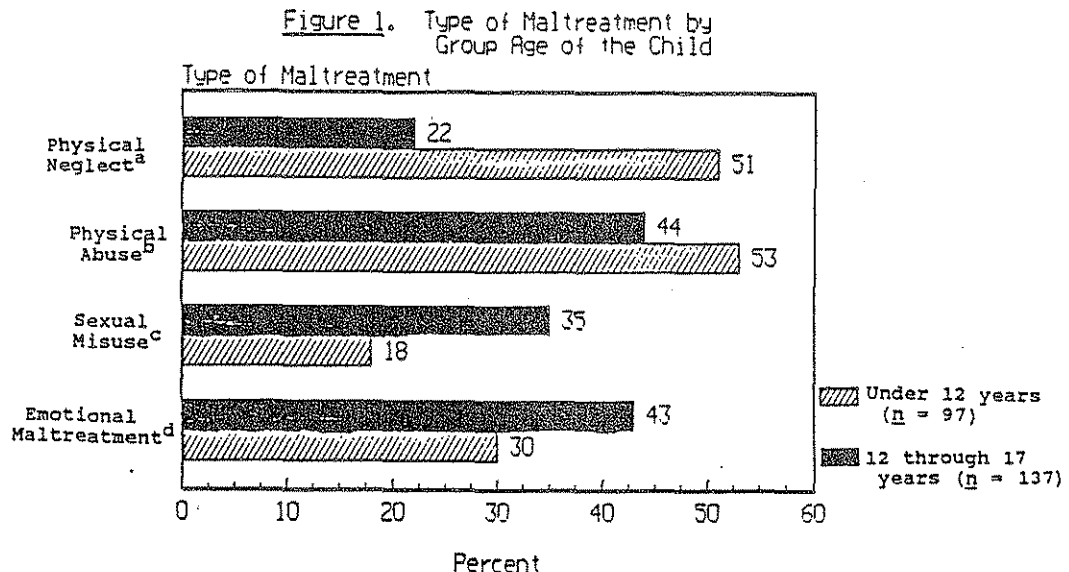
the state. In addition, the criteria for assessment of family problems were also adapted from the American Humane Association surveys (Russell & Trainor, 1984). Third, a copy of the modified coding scheme was reviewed by the Research Director of the agency. This individual was sought out because of his familiarity with the agency's policies, procedures, and clientele. No changes were recommended during this final stage of the process.

"Maltreatment" was operationalized into 10 subcategories partly based on severity. Included in these subcategories were physical abuse (major, minor, other), physical neglect (inadequate care, inadequate supervision, other), sexual abuse (incest, third party, exploitation), and emotional maltreatment.

### Results

The findings lend some support to the theory that the mistreatment of adolescents is a different phenomenon when compared with the mistreatment of younger children.

The type of maltreatment experienced by adolescents tended to be different from that experienced by younger children (see Figure 1). Maltreated youths were more



- a  $\chi^2 = 19.54$ ,  $df = 1$ ,  $p < .001$ .  
 b  $\chi^2 = 1.42$ ,  $df = 1$ ,  $p = .233$ .  
 c  $\chi^2 = 7.83$ ,  $df = 1$ ,  $p = .005$ .  
 d  $\chi^2 = 3.65$ ,  $df = 1$ ,  $p = .056$ .

vulnerable to sexual misuse and emotional maltreatment and were less vulnerable to neglect than their younger counterparts.

Though not statistically significant, adolescents were also somewhat more likely to suffer major physical harm, suggesting that adolescents are as unable as younger children to protect themselves. Finally, the perpetrators of adolescent maltreatment tended to be males, while females were more likely to mistreat younger victims.

In addition, as Table 1 indicates, there were socio-demographic differences between the groups. Maltreated

Table 1. Child and Family Comparisons by Group Age of Child

Maltreated children by group age					
	12 through 17	Under 12 years	df	Statistic	
Gender <sup>a</sup>	( <i>n</i> = 137)	( <i>n</i> = 97)			
% female	56.9	49.5			
% male	43.1	50.5	1	0.99	
Ethnicity <sup>a</sup>	( <i>n</i> = 131)	( <i>n</i> = 94)			
% Black	5.3	20.2			
% minority (other)	6.9	12.8			
% white	87.8	67.0	2	15.49***	
Families by group age					
Age of caretaker <sup>a</sup>	( <i>n</i> = 64)	( <i>n</i> = 29)			
male	41.1	35.0	91	-3.54***	
female	( <i>n</i> = 100) 38.1	( <i>n</i> = 56) 30.0	154	-7.16***	
Children in home <sup>a</sup>	( <i>n</i> = 118)	( <i>n</i> = 64)			
	2.6	2.4	180	-1.22	
Family size <sup>a</sup>	4.3	4.1	180	-1.11	
Income <sup>b</sup>	( <i>n</i> = 114)	( <i>n</i> = 62)			
% < \$10,000	29.8	59.7			
% \$10-20,000	38.6	22.6			
% \$20-30,000	21.9	11.3			
% > \$30,000	9.6	6.5	3	14.98***	
Single parent household <sup>b</sup>	( <i>n</i> = 118)	( <i>n</i> = 64)			
% yes	44.9	57.8			
% no	55.1	42.2	1	2.27	
Number of children at risk <sup>b</sup>	( <i>n</i> = 137)	( <i>n</i> = 97)			
% 1	86.8	66.1			
% 2 or more	13.2	33.9	1	9.35**	
a	Mean values given; <i>t</i> statistic.				
b	$\chi^2$ statistic.				
				*	<i>p</i> < .05
				**	<i>p</i> < .01
				***	<i>p</i> < .001

adolescents were significantly more likely to be white than their younger counterparts. The families of maltreated youths were statistically more likely to have higher annual incomes. These families also were more likely to have a single child-at-risk for placement.

As expected, maltreated adolescents were significantly more likely to exhibit problems in many other areas of their lives when compared with younger maltreatment victims (see Table 2).

Table 2. Mean Comparisons from Behavior Checklist for Maltreated Children by Group Age

12 through 17 ( $\underline{n}$ = 98)		Under 12 Years ( $\underline{n}$ = 51)		df	$t^a$
M	SD	M	SD		
Total Frequency Score	25.53	31.14	4.88	85	4.38***
Adequate social supports	1.67	1.56	0.82	144	-0.82
Attends school	1.89	2.70	0.65	108 <sup>b</sup>	5.62***
Interacts appropriately with peers	1.81	1.90	0.77	144	0.68
Interacts appropriately with siblings	1.62	1.87	0.78	126	1.82*
Interacts appropriately with parents	1.36	1.55	0.73	147	1.72*
Absence of juvenile justice involvement	2.34	2.59	0.70	130	1.57
Complies with house rules	1.46	1.67	0.76	142	1.78*
Behavior reflects mental health	2.51	2.73	0.54	110 <sup>b</sup>	1.96*
Avoids alcohol or drugs	2.12	2.94	0.24	124 <sup>b</sup>	9.11*
Demonstrates adequate impulse control	1.33	1.52	0.81	145	1.45
Age appropriate sexual behavior	2.04	2.55	0.72	120	3.27***
Demonstrates adequate self care	2.22	2.23	0.71	139	0.09
Has adequate depression management	2.06	2.40	0.65	128	2.45**
Involved with community	1.04	0.79	0.77	129	-1.52

<sup>a</sup> One-tailed test of significance used.

<sup>b</sup> Separate variance estimates used.

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

Table 3 shows the results of the Behavior Checklist comparison for mothers by group age of the child. As can be seen, mothers of older victims were statistically less likely to be socially isolated, to have problems communicating with their spouse, to have problems with homemaking skills, and to suffer from more anxiety and or depression than the mothers of younger children.

Table 3. Mean Comparisons of Parent Behavior Checklist by Group Age Mothers with Maltreated Children

12 through 17 ( <u>n</u> = 83)		Under 12 Years ( <u>n</u> = 43)		df	t <sup>a</sup>
M	SD	M	SD		
Total Frequency Score	27.35	4.43	22.63	6.91	33 <sup>a</sup> -3.04 <sup>**</sup>
Adequate social supports	1.78	0.74	1.30	0.71	122 -3.45 <sup>***</sup>
Communicates well with kids	1.45	0.65	1.17	0.58	123 -2.35 <sup>*</sup>
Appropriate discipline	1.59	0.67	1.43	0.63	122 -1.26
Communicates well with spouse	1.53	0.70	1.18	0.82	85 -2.04 <sup>*</sup>
Finances	1.89	0.40	1.33	0.97	124 -3.51 <sup>***</sup>
Adequate anxiety management	1.70	0.66	1.36	0.88	65 <sup>a</sup> -2.20 <sup>*</sup>
Adequate anger management	1.55	0.71	1.53	0.63	123 -0.11
Adequate mental health	2.67	0.63	2.52	0.77	122 -1.14
Use of drugs and alcohol	2.63	0.60	2.51	0.79	60 <sup>a</sup> -0.82
Demonstrates homemaking skills	2.62	0.62	2.30	0.80	69 -2.28 <sup>*</sup>
Appropriate sexual behavior	2.49	0.69	2.22	0.87	99 -1.72
Demonstrates adequate self care	2.48	0.72	2.24	0.79	123 -1.73
Adequate depression management	2.21	0.63	1.81	0.92	61 <sup>a</sup> -2.54 <sup>*</sup>

<sup>a</sup> Separate variance estimates used.

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

Finally, as indicated in Table 4, the parents of younger victims were more likely to have insufficient or mismanaged income and an overall inability to cope with parenting than were the parents of older victims. However, the families of older victims were more likely to experience substance abuse problems than were the families of younger victims.

Table 4. Structural and Family Problems by Group Age  
(In Percents)

Families with maltreated children				
	12 through 17 ( $n = 118$ )	Under 12 Years ( $n = 64$ )	df	$\chi^2$
Health problems				
Substance abuse	36.4	25.0	1	5.16*
Physical disability	22.9	21.9	1	0.00
Retardation	2.5	4.7	1	0.12
Mental or emotional problems	25.4	32.8	1	0.79
Family interactional problems				
Spouse abuse	14.4	10.9	1	0.19
Chronic family violence	28.8	23.4	1	0.37
Inability to cope with parenting	30.5	51.6	1	6.95**
Marital or relationship instability	22.9	20.3	1	0.05
Recent family disruption	32.2	29.7	1	0.03
Structural problems				
Transient or unstable living conditions	29.7	20.3	1	1.42
Social isolation	14.4	32.8	1	7.43**
Insufficient or mismanaged income	56.8	75.0	1	5.16*

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$



### Implications for Practice

The results of this study point to a number of implications for the assessment and treatment of adolescent maltreatment.

For example, a contextual pattern of vulnerability appeared to be evident for the younger child who was a victim of mistreatment. These children were more likely to come from poorer, single parent households that had fewer social and financial supports. In addition, their mothers were more likely to be overwhelmed, experiencing greater problems with depression, anxiety, homemaking, and couples communication. In short, the picture suggested seems to fit the classic paradigm of child abuse or neglect. Appropriate treatment would need to address the structural and contextual issues as well as the interpersonal and intrapersonal problems that are evident in this group.

Lourie (1977, 1979) suggests that the normative developmental processes of adolescents are seemingly positive changes, those of midlife adults are seemingly negative changes. (Regardless of the value placed on the processes, they appear to be more opposite than complementary.) For example, adolescents have increasing physical capacities and capabilities while midlife adults may be experiencing decreasing physical capacities and capabilities. Underlying the maltreatment is an adolescent and a parent who are having problems with their respective developmental processes.

The convergence of adolescent and adult midlife development may have played an important role in the maltreatment of the youths in this study. First, the youths were exhibiting psychosocial problems that suggest they were having some difficulty with normative developmental hurdles, such as separation, individuation, and internalization of control. For example, they were more likely to have problems with school, siblings, parents, and compliance with house rules. In addition, their parents were, on average, at the midlife transition phase of their lives (see Table 1).

While these families were more likely to abuse substances, they were somewhat better functioning on almost every other indicator than were the families with younger victims. This suggests a parent having difficulties, perhaps with midlife, responding inappropriately to an adolescent who was also experiencing problems. These families did not appear to be the multiple problem families described by Berdie and her colleagues (Berdie, Berdie, Wexler, & Fisher, 1983). Moreover, the adolescent was more likely to have been singled out for the mistreatment. Intervention with these families needs to take into consideration the normative developmental processes of both the adult and the child and the intrapersonal and interpersonal problems which may exist as a result (Doueck, Ishisaka, Greenaway, in press).

While the study provides some support for the theory that there are two patterns of vulnerability which exist, one for younger children and one for adolescents, the findings need to be interpreted cautiously. There was no way to determine onset of maltreatment. The sample selected may not be representative of the population of maltreated children and families. In addition, the number of comparisons suggest that some differences may have been chance findings. Finally, the differences may reflect differences in the populations served by the referring agency.

The ability to understand the individual and family dynamics of adolescent maltreatment, as well as the social context in which it occurs, has important implications for the development of meaningful and effective treatment plans (Ziefert, 1981). A social worker without that ability may be more vulnerable to a stereotypic and inflexible approach to adolescent maltreatment situations (Mouzakitis, 1984). All told, the study does point to some differences which seem to exist between the dynamics of families with maltreated adolescents and those with younger children who are maltreated. Social workers might find such information useful when assessing and treating maltreated adolescents and their families.

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